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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 612211 8262944

AUTHORIZATION COST LIMIT : \$ 160.00

ORDER DATE : February 4, 2019

ORDER TIME : 11:14 AM

ORDER NO. : 612211-005

CUSTOMER NO: 8262944

FOREIGN FILINGS

NAME: ARIES AEROSPACE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

COVER LETTER

TO: Registration Section

| Division | of Corporatio | ns | | | | |
|--|---|---|--|--|--|--------------------------------------|
| Arie | s Aerospace, L | LC | | | | |
| | | Name | of Limited Liability | Company | | , |
| The enclosed "Ap Existence, and che | plication by Fo | reign Limited Liability C ed to register the above r | Company for Authorize ferenced foreign lim | zation to Tr nited liabili | ransact Business in Florida. ty company to transact busin | ' Certificate of ness in Florida. |
| Please return all co | orrespondence | concerning this matter to | the following: | | | |
| | Adrian Green | | | | | |
| - | | | Name of Person | | | |
| | Aries Aerospac | e, LLC | | | 2019 TALL | |
| - | | | Firm/Company | | AH. CO | |
| | 1320 NW 65 P | lace Suite 103 | | | | = (1) |
| • | | | Address | , | -T1 | ア |
| : | Ft. Lauderdale. | FL 33309 | | | London. | ۵0 کن |
| _ | | Ci | ty/State and Zip Code | 2 | 7 | |
| þr | @skyspacemar | nagement.com | | | | |
| _ | | E-mail address: (to be | used for future annua | l report no | tification) | |
| For further informs | ntion concernin | g this matter, please call | | | | |
| Dаупа М. | ass | | 954 at (| 395-24 | 65 | |
| | Name o | f Contact Person | Area Code | Day | rtime Telephone Number | |
| Division o Registration P.O. Box | G ADDRESS: of Corporations on Section 6327 ee, FL 32314 | | | Division Registrat Clifton B 2661 Exe | CADDRESS: of Corporations ion Section duilding routive Center Circle see, FL 32301 | |
| Enclosed is a check | : for the followi) Filing Fee | ing amount: \$\Bigsize \text{S130.00 Filing Fee \delta}\$ Certificate of Status | E S155.00 Filis Certified Copy | ng Fee & | ■ \$160.00 Filing Fee, Ce of Status & Certified Cop | rúñcate y |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (Paus first See section (See se | a transacted business in Florida, if prior itoms 605,0904 & 605,0905, F.S. to determine 605,0904 & 605,0905, F.S. to determine 605,0904 & 605,0905, F.S. to determine for the following a registered agent: (P.O. Boliceen 7 65 Place 1 65 Place 1 created accept service of the propositatives relative to the propositatives relative to the propositions. | 3. 81-1276168 (FEI and Feb regionations) (remine penalty liability) 6. 1320 NW 65 Place (Mailing Additional) Fit. Lauderdale, FL 33309 ox NOT acceptable) 7. Florida 33309 (Zipen of process for the above stated limited as registered agent and agree to acceptable of the state of the above stated limited as registered agent and agree to acceptable. | address) Address Ad |
|--|--|--|--|
| (Junsdiction under the law of which foreign aux (Date day) (Date day) (Date day) (See section of Principal Officer (See section) (Surer Address of Principal Officer Suite 103 Ft. Lauderdale, FL 33309 7. Name and street address of Floriday Name: Adrian G Office Address: 1320 NW Ft. Lauderdale agent's acceptance: It also comply with the provisions of all sections of all sections are all sections. | a transacted business in Florida, if prior ions 605.0904 & 605.0905, F.S. to determine the following of the property of the property ions in the following of the property of the property ions in the following of the property is a service of the property of the property in the prope | (FEI and FEI a | address) 2 |
| (Paus first See section (See se | a registered agent: (P.O. Boireen 65 Place crdale (City) gent and to accept service of the appointment statutes relative to the propos | 6. 1320 NW 65 Place (Mailing A) Suite 103 Ft. Lauderdale, FL 33309 ox NOT acceptable) , Florida 33309 (Ziper of process for the above stated limite tas registered agent and agree to acceptable as registered agent and agree to acceptable acceptable as registered agent and agree to acceptable | ed liability company at the plant in this capacity further as |
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| (Street Address of Principal Officer Suite 103 Ft. Lauderdale, FL 33309 7. Name and street address of Florida Name: Address of Florida Name: Address: 1320 NW Ft. Lauder Registered agent's acceptance: Having been named as registered age Designated in this application, I here The comply with the provisions of all seconds. | a registered agent: (P.O. Boireen 7 65 Place erdale (City) gent and to accept service of the appointment statutes relative to the propo | Suite 103 Ft. Lauderdale, FL 33309 ox NOT acceptable) , Florida 33309 (Ziper as registered agent and agree to acceptable agent and agree to acceptable as registered agent and agree to acceptable as registered agent and agree to acceptable agent and agree to acceptable as registered agent and agree to acceptable agent a | ed liability company at the pla |
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| Registered agent's acceptance: Having been named as registered ag lesignated in this application, I here o comply with the provisions of all s and accept the obligations of my pos | gent and to accept service of the accept the appointment statutes relative to the propi | (Ziper of process for the above stated limite t as registered agent and agree to ac | ed liability company at the pla |
| faving been named as registered ag lesignated in this application, I here o comply with the provisions of all s | eby accept the appointment statutes relative to the propi | as registered agent and agree to ac | t in this capacity I further as |
| | (Registered agent | 's signature) | |
| 3. The name, title or capacity and ad Title or Capacity: | ldress of the person(s) who l | has/have authority to manage is/are: Title or Capacity: | |
| n | | Title or Capacity: | Name and Address: |
| | Adrian Green 320 NAV 65 PI | | |
| | 1. Lauderdale | | |
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| | | | |
| <u></u> | | | |
| Use attachments if necessary) | | | |
| | | | |
| Attached is a certificate of existence trisdiction under the law of which it if the translator must be submitted) | e, no more than 90 days old is organized. (If the certifica | duly authenticated by the official hate is in a foreign language, a transla | aving custody of records in the tion of the certificate under oa |
| I. This document is executed in accomment to the Depart | ordance with section 605.020 ment of State constitutes of | 03 (1) (b), Florida Statutes. I am awa | re that any false information s.817.155, F.S. |
| | Signe | of an authorized person | |

Typed or printed name of signee

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ARIES AEROSPACE, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE FOURTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARIES AEROSPACE,

LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2019 FEB -U A 5: 08

Authentication: 202024879

Date: 01-04-19

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